

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

RECEIVED

APR 25 2022

RICHARD W. NAGEL, CLERK OF COURT  
COLUMBUS, OHIO

Dwayne Stoutamire

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 532253

Andrew

VS.

Dr. Eddy

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

2:22 CV 2037

JUDGE MARBLEY

MAGISTRATE JUDGE JOLSON

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

Dwayne Stoutamire

NAME - FULL NAME PLEASE - PRINT

P.O. Box # 5500, Chillicothe, Ohio 45601

ADDRESS: STREET, CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES ( ) NO ☒
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

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DEFENDANTS:

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2. COURT (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY)

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3. DOCKET NUMBER

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4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

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5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

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6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

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7. APPROXIMATE DATE OF THE DISPOSITION

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PLACE OF PRESENT CONFINEMENT

A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?  
YES ☒ NO ( )

B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES ☒ NO ( )

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

The filed a informal complaint , a  
grievance and a Appeal to the institut-  
ional inspector

2. WHAT WAS THE RESULT?

All were denied

D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES ( ) NO ( )

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

2. WHAT WAS THE RESULT?

**DEFENDANTS:**

**PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.**

1. Doctor Andrew Eddy  
NAMES - FULL NAME PLEASE  
4545 Fischer rd., Columbus, Ohio 43228  
ADDRESS - STREET, CITY, STATE AND ZIP CODE
2. \_\_\_\_\_  
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6. \_\_\_\_\_  
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**IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.**

**STATEMENT OF CLAIM**

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

for some time I have been Dealing with sinus issues. when I arrived in Chillicothe Correctional Institution Doctor peppers ordered for me to have a catscan done. this was in 2021 about August. when the results were sent back the Catscan said that I had a deviated Septum and scarring in the lining of my sinus cavities. based off this Doctor peppers said that she sent a request to the Department of corrections (O.D.R.C.) asking that I be able to see a Specialist. this request was denied by Doctor Andrew Eddy

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I wish to sue both individuals for \$100,000.<sup>00</sup> in compensatory damages and \$250,000.<sup>00</sup> in punitive damages.

I also wish for a order requiring them to allow me to see a nose, neck and throat specialist (inunction)

SIGNED THIS 18<sup>th</sup> DAY OF April 2022.

Dwayne Stortaux  
SIGNATURE OF PLAINTIFF